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Dimensions of Couples' Decision-Making at Home: The Ghanaian Experience

By Ellen Mabel Osei-Tutu¹ and Ernest Ampadu²

Abstract

The ability of women to be final decision makers at home to a large extent is dependent on their background characteristics. The aim of this paper is to ascertain who these women are. Data from the 2014 Ghana Demographic and Health Survey was used to analyze women's decision-making at home. The five household decision-making variables identified include who decides how to spend respondent's earnings and the person who usually decides on respondent's health care. The rest are the person who usually decides on large household purchases, person who usually decides on visits to family or relatives and person who usually decides on what to do with money husband earns. Binomial logistic regression results show that generally, region of residence, educational attainment, and wealth index were likely to influence a woman's ability to have the final say in household decision-making. For women to be the final decision makers at home, they must be educated to the highest possible level. Their engagement with their partners on matters relating to household decisions will then be from better-informed positions. The long-run effect of this is that it will move their decision-making process beyond the confines of households to other levels.

Keywords: decision-making; educational attainment; respondent's earnings; respondent's health care; couples in Ghana, decision-makers, women in Ghana

Introduction

Decision-making is a process with several stages: It may involve negotiation and re-negotiation to arrive eventually at a final decision. More often than not, women are found in the subservient position and may not be the final decision makers on many issues. The power relations that prevent women from leading fulfilling lives operate at many levels of society, from the most personal to the highly public (UN, 1995).

Women's ability to make decisions at home may have its roots in how children are brought up. In general, the roles of boys are different from that of girls. Boys are expected to be active while girls are expected to be passive. Parents may believe that only fathers know how to teach boys to be men and that mothers must teach girls how to nurture (Cunningham, 2001). In Sub-Saharan Africa, traditional practices such as polygyny have tended to reinforce the inferior position

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of women in society (Tertilt, 2006). These among other issues, have contributed to women's inability to become empowered in all aspects of their lives and thus become involved in the decision-making process even at the household level.

However, as culture is dynamic, the traditional roles assigned to males and females have been evolving. Men are no longer the only bread winners in most countries, especially within the African context. In conformity with this, women are no longer 'homemakers' as occurred in the past as research has shown that women just like men also work outside the home to help support the day-to-day running of the home (Vincent-Lacrin, 2008). Both males and females are found to be professionals and managers, and although the proportions of males are higher than that of females, the differences are now becoming marginal in Ghana as compared to previous years (Ghana Statistical Service, 2013). Furthermore, although women may not be at par with males regarding education, especially within the African context, more women are attaining higher education now than in the past (Vincent-Lacrin, 2008). More women attaining higher education has brought in its wake, the empowerment of women both educationally and economically. These are two important factors that facilitate the involvement of women in decision-making. Women's education and employment have been an important means of reducing family poverty, both among dual-earner families and female-headed households (Warren, 2010). Despite the important role that women are playing in national development, very little is known when it comes to the levels of decision making among Ghanaian women at the household level. The only study which has specifically examined women's autonomy in household decision-making in Ghana is the study conducted by Fuseini and Kalule-Sabiti (2016).

Different explanations are given to the relationship between women's characteristics and their involvement in decision-making. Some of these characteristics include education, employment, age and place of residence. Women's autonomy in decision-making is positively associated with their age, employment and number of living children. Furthermore, women in the rural areas have less autonomy in decision-making. Also, an increase in women's education is positively associated with autonomy in own health care decision-making. Interestingly, rich people are less likely to have autonomy to make decisions on their health care (Archarya et al., 2010). Also, older couples have been found to be significantly more likely than younger couples to make decisions together (Pew, 2013).

Earnings by couples have also been found to influence the decision-making process. Women make most of the household decisions among couples in which the woman earns more than the man (Pew, 2013). It has also argued that women's employment has resulted in advances in women's autonomy, gender equity and renegotiations of the provider role and has been made more manifest by men's unstable earnings. That is to say, the empowerment of women has consequently led to the increase in female headship even among married women (Warren, 2010). One other issue identified to influence women's decision-making is the socio-cultural influence. These include influences of husbands, in-laws, and other family members which make it difficult for women to take decisions on their own (Ali and Sultan, 1999).

Women's decision-making authority is said to be related to their place of residence. Women who live in urban areas have a say in household matters almost equal to their husbands. Most rural women, however, report that their husbands and other family members have a predominant role in household decisions concerning seeking medical treatment for a sick child or making purchases of household items (Mahmood, 2002).

Women can gain influence within the household through residential mobility, and when parents on both sides of the family are seen regularly, the wife's status suffers compared to cases in which no regular contact is maintained with parents on either side of the family (Williams, 1989). Similarly, husbands' migration has been found to have a profound effect on family members. Men's cumulative migration history and current migration status are positively associated with women's autonomy. The effects on wife's autonomy may persist even after the man's return (Yabiku et al., 2010). Migrants' absence therefore has a direct effect on wife's autonomy. However, there is a contrary view on this, in that, despite their physical absence, men are the primary providers of their households, and they are constantly engaged in the process of household decision-making through telephone conversations. Women are normally instructed by their husbands about how and where to spend money (Rashid, 2013).

Less traditional gender roles seem to support more innovative fertility behaviour such that women's involvement in decision-making at home influences fertility behaviour. For instance, it has been found in Uganda that contraception was more likely to be used in communities where women have some control over household decisions (DeRose and Ezeh, 2010). In Sub-Saharan Africa, however, women's empowerment has been found not to be consistently associated with a desire for smaller families or the ability to achieve desired fertility. While participation in household decision-making is found to be associated with a smaller ideal number of children in Guinea, household decision-making and positive attitudes toward women's rights to refuse sex are linked to having more children than desired in Namibia and Zambia (Upahdyay & Karasek, 2012).

In this study, the authors used the 2008 Ghana Demographic and Health Survey dataset to understand the lineage and women's autonomy in household decision-making in Ghana. Although their research provided some intriguing findings, the use of a more current data set could have added some more value to their work and presented a more robust analysis of the current situation within the Ghanaian context. The present study, therefore, examines dimensions of couples' decision-making at home in Ghana using the 2014 Ghana Demographic and Health Survey dataset. The following research questions guide the present study:

- In which areas are women able to take final decisions on household issues?
- Which category of women can take final decisions on household issues?
- What are the implications of decision-making at home for the empowerment of women?

Data and Methodology

This paper used data from the 2014 Ghana Demographic and Health Survey (GDHS). The 2014 GDHS is the sixth in the series of national-level population and health surveys conducted in Ghana as part of the Global Demographic and Health Surveys (DHS) programme. It was carried out by Ghana Statistical Service and Ghana Health Service through the USAID-funded MEASURE DHS programme. The 2014 GDHS was a national survey covering all ten regions of the country. The survey collected information on housing and household characteristics, marriage, fertility, women and children's health, HIV/AIDS and women's empowerment among others.

A total of 9,396 women aged 15-49 years and 4,388 men aged 15-59 years from 11, 835 households were interviewed. The selection of the sample was based on a two-stage sample design. The first stage involved selecting clusters of enumeration areas in the 2010 Population and

Housing Census. A total of 427 clusters made up of 216 urban and 211 rural areas were selected. In the second stage, about 30 households were selected from each cluster after household listing had been done. All women aged 15-49 years who stayed in the household the night before the survey were eligible to be interviewed. In half of the households, all men aged 15-59 years who stayed in the household the night before were also eligible to be interviewed (Ghana Statistical Service, 2015).

In analyzing the data, multivariate analysis was used. Five variables including person who usually decides how to spend respondent's earnings, person who usually decides on respondent's health care, person who usually decides on large household purchases, person who usually decides on visits to family or relatives and person who usually decides on what to do with money husband earns were used. Five different binomial logistic regressions were run. Women's decision-making on the five variables were used as the dependent variables while some selected background characteristics of women were used as the independent variables.

Variables

The five variables used as the dependent variables had five responses: respondent alone, respondent and husband/partner, husband/partner alone, someone else and other. For the analysis, binary variables were created. The first two responses in which women had some decision-making power were put into one group while the other three responses in which women had no say in decision-making were put together as another group. These variables then became dichotomous variables: assigned the number 1 if women had some say and 0 if women had no say. In the results, if the odds ratio was greater than 1, the probability of a woman having some say in decision making was higher than not having a say. Women used in this paper refers to those who were married or living with a man as husband and wife. Husband means the man who a woman lives with as husband and wife.

Independent Variables

For the purpose of the analysis, the following independent variables were used:

Age – The five-year age groups as categorized in the data: 15-19 years, 20-24 years, 25-29 years, 30-34 years, 40-44 years and 45-49 years were used.

Region of residence – Ghana is divided into 10 administrative units known as regions. Data were collected on regional basis and these 10 regions were used in the analysis.

Place of residence - This was categorized into two in the data: rural and urban, and it was used as such.

Highest educational level – was categorized into four groups in the data set: no education, primary, secondary and higher and this categorization was maintained.

Religion - This variable was recategorized. Catholic, Pentecostal, Other Christian, Moslem, and Traditionalist were maintained. Anglican, Methodist, and Presbyterian were grouped together as Orthodox.

Wealth Index – Wealth index is a composite measure of a household's cumulative living standard. It was calculated using household ownership of selected assets such as TV, bicycles, materials for housing construction and types of water access and sanitation facilities. This index was computed in the data as poorest, poorer, middle, richer and richest and no change was made.

Marital duration – This variable which was originally in single years was grouped into five-year groups as follows: 0-4 years, 5-9 years, 10-14 years, 15-19 years, 20-24 years, 25-29 years and 30+ years.

Type of marriage – Was put into two categories: monogamous and polygynous using the variable ‘number of other wives’.

Husband’s residence – This was already a dichotomous variable in the data: husband/partner lives in the house or lives elsewhere, and was used as such.

Husband’s earnings - The response to this variable was categorised into four: more than him, less than him, about the same, partner does not bring in money and don’t know. The response ‘don’t know’ was excluded from the analyses.

Results

The results of the regressions are presented in Table 1. The values in this table are the standardized regression coefficients, RC refers to the reference categories and the asterisks (*) represent the p values and show the degree of the level of significance ranging from one through three, with three stars (***) being very significant.

The distribution of respondents by wealth index shows that two-thirds (66.1 percent) ranged from the middle to the richest quintile. Majority of the respondents (55.5 percent) had been married up to 14 years with a small proportion (13.9 percent) married for 25 years and beyond. Also, most of the women (84.8 per cent) were in monogamous marriages. Majority of the respondents (79.7 percent) lived with their partners. In terms of earnings of spouses, as has usually been the case, a very high proportion of respondents (81.7 percent) earned less than their partners and about 8.2 percent earned about the same as their partners.

Multivariate Analysis

The results of the multivariate analyses presented in Table 1 show that characteristics of women that had high significant relationships with the five variables on household decision-making were region of residence, education, husband’s residence and husband’s earnings.

Respondents’ Earnings

Final decision-making on how to spend money that respondent earned had significant relationship with region of residence, education, wealth index and husband’s residence. Respondents who lived in the Western, Northern and Upper East regions were significantly more likely than respondents in the Upper West region to have the final say in deciding how to spend money they earned. As women furthered their education, it increased the odds of having the final say on how to spend money they earned such that women with education beyond the secondary level were seven times more likely than their counterparts who had never been to school to have the final say on how to spend money they earned. In terms of wealth index, respondents who were in the middle as well as the richest were significantly more likely than respondents who were poorest to have the final say in how money they earned was spent. Furthermore, respondents who lived with their partners were significantly less likely than those who stayed apart from their partners to have the final say on how to spend money they earned.

Health Care

On decision on women's health care, respondents who lived in the following regions: Western, Central, Brong Ahafo and Upper East were significantly more likely while respondents who lived in the Northern region were significantly less likely than women in the Upper West region to have the final say on their health care. The relationship between education and health care was such that the higher the education of a woman, the more likely that this woman was to have the final say on her health care and these relationships were all significant. For marital duration, it was only women who had been married for at least 30 years who were significantly more likely than women who had been married between 0-4 years to have the final say in their health care. In terms of earnings of partners, both respondents who earned more or less than their partners were significantly less likely than their counterparts who earned about the same to have the final say on own health care.

Large Household Purchases

Large household purchases had significant relationships with the following variables: region of residence, education, husband's residence and husband's earnings. Respondents in the Western, Central, Eastern, Brong Ahafo and Upper East regions were significantly more likely than respondents in the Upper West region to have the final say in the purchasing of large household items. Also, a woman's educational attainment played a significant role in final decision making on large household purchases such that women with education from secondary school onwards were significantly more likely than women with no education to have the final say on large household purchases. Women with education beyond the secondary level were two times more likely than women with no education to have the final decision on large household purchases. Respondents who lived in the same house with their partners were less likely than their counterparts who stayed elsewhere to have the final say on large household purchases and this relationship was very significant. Both respondents who earned more or less than their partners were significantly less likely than respondents who earned the same to have the final say in large household purchases. However, women who earned more than their partners had a higher edge than women who earned less than their partners.

Visits to Family or Relatives

Visits to family and relatives had significant relations with region of residence, religion, wealth index and husband's earnings. In terms of region of residence, only respondents who lived in the Western and Upper East regions were significantly more likely than respondents who lived in the Upper West region to have the final say on visits to family or relatives. Women in the Upper East region were 18 times more likely than women in the Upper West region to have the final say in such issues.

Irrespective of a woman's religious background, all women were less likely than women with no religion to have the final say in visits to family or relatives, however, only that for Moslems and traditionalists were significant. In the case of wealth index, with the exception of the richer, women in the other categories were all significantly more likely than women who were in the poorest category to have the final say in visits to family and relatives. Also, respondents who

earned more as well as those who earned less than their partners were significantly less likely than respondents who earned about the same as their partners to have the final say in visits to friends or relatives.

Husband's Earnings

In the case of the final decision on how to spend husband's earnings, the women's characteristics that had significant relationships were: region of residence, place of residence, education, religion, duration of marriage, husband's residence and husband's earnings. With the exception of the Volta and Brong Ahafo regions living in the other regions contributed significantly to having the final say in the earnings of partners. It must be noted that with the exception of respondents in the Northern region, all women were significantly more likely than women in the Upper West region to have the final say in decision-making on partners' earnings. Surprisingly, women who resided in urban areas were significantly less likely than their counterparts who lived in the rural areas to have the final say on how to spend husband's earnings.

Although irrespective of their level of education, women with some education were all more likely than women with no education to have the final say on husband's earnings, the most significant relationship was that of women whose education was beyond the secondary level.

Among the various religious denominations, it was only Catholic women who were significantly more likely than women with no religion to have the final say on husband's earnings. Similarly, for marital duration it was only women who had been married between 25-29 years who were significantly more likely than those married between 0-4 years to have the final say in husband's earnings.

Also, women who lived with their husbands were 1.6 times significantly more likely than their counterparts who did not stay with their husbands to have the final say on husband's earnings. Furthermore, both women who either earned more or less than their husbands were significantly less likely than their counterparts who earned the same as their partners to have the final say on the earnings of their husbands.

Table 1: Logistic regression results of decision making among currently married aged 15-49 years by selected background characteristics, Ghana, 2014

Characteristics	Respondent's earnings	Respondent's health care	Large household purchases	Visits to family or relatives	Husband's earnings
Age					
15-19	RC	RC	RC	RC	RC
20-24	0.293	0.915	1.473	1.035	0.833
25-29	0.265	1.104	1.150	1.253	0.735
30-34	0.359	1.313	1.316	1.093	0.628

35-39	0.498	1.629	2.008	1.827	0.823
40-44	0.510	1.151	1.886	1.334	0.507
45-49	0.449	1.550	1.980	1.103	0.562
Region					
Western	2.844*	3.722**	6.975***	2.996*	8.540***
Central	2.608	2.332*	2.304*	1.356	3.931***
Greater Accra	1.337	0.825	1.232	1.015	2.424*
Volta	1.877	0.938	1.646	0.978	1.728
Eastern	1.599	1.563	3.223**	1.767	5.618***
Ashanti	1.376	1.429	1.030	0.923	2.264*
Brong Ahafo	1.518	2.562*	2.260*	1.188	1.977
Northern	7.934***	0.389**	1.221	0.984	0.413*
Upper East	17.974**	7.693***	6.953***	18.530**	3.289**
Upper West	RC	RC	RC	RC	RC
Place of Residence					
Urban	1.288	0.864	1.089	1.046	0.763*
Rural	RC	RC	RC	RC	RC
Education					
No Education	RC	RC	RC	RC	RC
Primary	1.203	1.540**	1.101	1.000	1.129
Secondary	1.151	1.609***	1.418**	1.082	1.136
Higher	7.771*	3.577***	2.256**	0.819	2.160***
Religion					
No Religion	RC	RC	RC	RC	RC
Catholic	1.640	1.476	1.171	0.686	1.648*

Orthodox	1.204	1.012	1.414	0.885	1.239
Pentecostal	1.182	1.000	1.210	0.732	1.378
Other Christian	0.974	1.018	1.339	0.887	1.509
Moslem	1.139	1.060	0.921	0.472*	1.054
Traditionalist	0.781	0.986	0.821	0.345**	1.699

Wealth Index

Poorest	RC	RC	RC	RC	RC
Poorer	1.440	1.019	1.070	1.718**	1.060
Middle	1.933*	1.196	1.046	1.892**	1.141
Richer	1.277	0.805	0.827	1.522	1.329
Richest	3.082**	0.761	0.812	2.070*	1.196

Marital Duration(Years)

0-4	RC	RC	RC	RC	RC
5-9	0.836	1.302	1.026	1.198	0.912
10-14	0.998	1.072	1.096	0.790	1.058
15-19	1.055	0.881	1.081	1.292	0.919
20-24	0.604	0.908	0.981	1.072	0.890
25-29	1.032	1.546	1.335	1.609	1.687*
30+	0.943	2.318*	1.263	1.865	0.933

Type of Marriage

Monogamous	1.290	1.265	1.413	1.002	1.096
Polygynous	RC	RC	RC	RC	RC

Husband's Residence

Lives with her	0.607*	0.861	0.627***	0.914	1.588***
Stays Elsewhere	RC	RC	RC	RC	RC

Husband's Earnings

More than him	0.612	0.449**	0.576*	0.425**	0.465***
Less than him	1.293	0.301***	0.359***	0.447**	0.444 ***
About the same	RC	RC	RC	RC	RC

Source: Computed from 2014 GDHS *p<0.05 **p<0.01 ***p<0.001

Discussion

From the above discussion, the region in which a woman resides in Ghana plays a significant role in her ability to take decisions at the household level. It must be noted that with the exception of the Volta region and to a lesser extent, the Greater Accra region, women who lived in the other regions almost invariably were more likely than women who stayed in the Upper East region to have significant relationships in all cases. Probably because the Upper East region is closer to the Upper West region being carved out of the Upper West region in 1983.

Regarding the place of residence and decision making, it is only decision on how to spend husband's earnings that women who resided in urban areas were significantly less likely than women in rural areas to have the final decision. This relationship is unexpected because women resident in the urban areas are expected to be more economically empowered and as such may be contributing financially towards household expenses which should empower them to have the final say in their partners' earnings. Women's educational attainment has been identified as one of the factors that is positively associated with decision-making in the household (Sultana, 2011). Women with no education compared with their counterparts with secondary or higher education had a much lower final say in decisions at home. This implies that women who are not educationally empowered may have to bow to the wishes of their husbands/partners. Sometimes, economic empowerment is linked to educational empowerment in that women who are highly educated are likely to find jobs (OECD, 2011). This could also facilitate their continuous education especially into the tertiary level. This empowers them to have a say in decision-making processes. It is therefore important that women are educated at least up to the secondary level. This will enable them not only to be well informed about issues concerning them but also be able to take final decisions on issues concerning their lives. Formal education will enable them to become capable of reading widely and also know their rights and responsibilities.

Religion of respondents does not have much influence on decision-making at home with the exception of decision to visit family and relatives and decision on husband/partners earnings. In the former, Moslems and traditionalists have an urge over women with no religion and in the latter, it is Catholics who have a significant relationship with husband/partners earnings. Moslems and Traditionalists could be said to be conservative and may be of the opinion that male should be the final decision-makers. In the case of the Catholics however, Pope Francis is of the opinion that women should have access to dignified work and have roles in decision-making (Citifmonline, 2016). The relationships that were significant were decision on how respondents' earnings were spent and visits to family or relatives. As expected, women who were richest were more likely than the poorest to have the final say in each of these cases. The reason that could be attributed to this is that these women are economically empowered and as such contribute financially to

household expenses and this gives them that leverage. This observation is however contrary to the finding of Archarya et al, (2010).

Staying in the same house with one's partner enables women to be final decision makers at home especially with regards to partners' earnings. There are more male than female-headed households in Ghana. Women constitute only 34.7 per cent of the population of household (Ghana Statistical Service, 2013). Probably, staying together affords wives the opportunity to have more interaction concerning household decision-making. The implication is that couples should strive to live together to afford women the opportunity to make decisions at the household level. Differences in earnings of spouses do not seem to impact on women's decisions making at the household level. This means that even if a woman earns more than the partner, this would not necessarily enable her to have control over decision-making at home. This means that there are factors other than higher earnings of women which help them have the final say in decisions at the household level. Although in most cases, husbands earn more than their wives, in recent times the reverse is being observed (Warren, 2010). It is expected that this would give the woman the leverage to have the final say in some of the decisions at household level. From the above discussion, it is clear that age does not have any significant relationships with the household decision making variables in this study. This implies that a woman's age in no way contributes to decision-making at home.

Conclusion

Although a lot of advocacy work has been on-going in Ghana to get women involved in decision-making at all levels especially from the District Assembly level to ministerial level, not much has been achieved in that direction. However, decision-making at the household level has seen major strides with women having the final say in decisions at home. Men are no longer the only final decision makers at the household level. Educational attainment had the strongest impact on decision-making at home. Women who had at least secondary education were in a better position than their counterparts whose educational attainment was below the secondary level. This suggests that for women to be able to be final decision-makers at home, they must have formal education and the higher the better. For women without formal education, they could be introduced to non-formal education. They should be especially targeted for income-generating activities. This would empower them economically which would facilitate their involvement in decision-making at home.

In terms of affirmative action, Ghana has put some measures in place especially in terms of education for girls. These include lower admission requirements for girls in tertiary education, science clinic for girls and school meals in certain districts (Tsikata, 2009). Although this may have improved access to education for girls, there are still a lot out there who have no access to education. Clearly a lot more needs to be done to achieve major improvements in formal education for girls.

It is important that girls are provided with equal opportunities to access full cycle of education in terms of enrolments, retention and completion rates as stated in the Educational Strategic Plan for Ghana (Government of Ghana, 2003). In this wise, girls who drop out of school for one reason or another should be encouraged to return to school. Some girls stay out of school during their menstrual periods due to the absence of sanitary facilities in school. This calls for the provision of basic sanitary facilities in all basic schools (Montgomery et al, 2012). Women being

able to take the final decision at the household level should not be an end in itself but rather a means to achieve an end. Efforts should be made by all stakeholders in gender empowerment and equity to build on this foundation to make in-roads to move women to higher heights beyond the household level.

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